## 2 Bedrooms per architecturals 5.23.2017 Deed Restriction recorded 8.01.2017

No. 16-18
Replaces
#101-17

COMMONWEALTH OF MASSACHUSETTS

Board of Health, \_\_\_\_\_\_, MA.

## APPLICATION FOR DISPOSAL SYSTEM CONSTRUCTION PERMIT

Map/Parcel# 43.4, 226  Lot#  Installer's Name  Address  Address  Address  Address  Address  Address  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Telephone#  Telephone#  Telephone#  Telephone#  Telephone#  Telephone#  Telephone#  Telephone#  Tolephone#  Tolephone#  Telephone#  Tolephone#  Telephone#  Tolephone#  Tolephone#  Telephone#  Tolephone#  T	I.ot Size
Installer's Name  Address  Address  Address  Address  Address  Telephone#  Tel	none# ner's Name Cape & Islands Engineering ss none# 508.477.7272  Lot Size sq. ft.  Hacked 8-01-2017 Garbage grinder ( ) No. of persons Showers ( ), Cafeteria ( )  w Design flow provided gpd Revision Date  Revision Date for Evaluation 5 12 2017  gallon septic tank, add new general seption of Evaluation for wide × 37' lone osal System in accordance with the provisions of TITLE 5 and ompliance has been issued by the Board of Health.
Installer's Name  Address  Address  Address  Address  Telephone#	Lot Size
Address  Telephone#  Telephone	Lot Sizesq. ftsq. ft
Address  Telephone#  Telephone	Lot Sizesq. ftsq. ftsq. ftsq. ft
welling - No. of Bedrooms 2 - Deed restriction of ther - Type of Building	Lot Sizesq. ft.  Hacked 8-01-2017 Garbage grinder ( )  No. of persons Showers ( ), Cafeteria ( )  W Design flow provided gpd  Revision Date  Tel-3.5 (NAVD88)  Date of Evaluation 5 12 2017  gallon Septic tank, add new add new condition of the seption of the s
welling - No. of Bedrooms	No. of persons Showers ( ), Cafeteria ( )  W Design flow provided gpd  Revision Date  Tel. 3.5 (NAVD 88)  Date of Evaluation 5   12   2017  Online Septic tank, add new of the box , SAS 6' wide × 37' lowers    Osal System in accordance with the provisions of TITLE 5 and ompliance has been issued by the Board of Health.
Date	
Septic permit #101-17 void reviapproved: T.S.  COMMONWEALTH OF M.  Board of Health, Bour  CERTIFICATE OF COmplete System  The undersigned hereby certify that the Sewage Disposal System; Construction of Work: State of	
Board of Health,	150 already FEE 50
escription of Work: Individual Component(s) Complete System he undersigned hereby certify that the Sewage Disposal System; Construct	
Description of Work: Individual Component(s) Complete System The undersigned hereby certify that the Sewage Disposal System; Construct	
he undersigned hereby certify that the Sewage Disposal System; Construc	MPLIANCE
as been installed in accordance with the provisions of 310 CMR 15.00 (Ti pplication No	e 5) and the approved design plans/as-built plans relating to
nstaller Inspector:	Date:
he issuance of this permit shall not be construed as a guarantee that the sy	
	756 - allea
6. 16-18	FEE <u>5()</u>
Deplaces COMMONWEALTH OF M	ASSACHUSETTS
Replaces COMMONWEALTH OF N Board of Health, BOWN	1e , MA.
DICDOCAL CACTUAL COMO	
DISPOSAL SYSTEM CONST	KUCHUN PERMII
Permission is hereby granted to; Construct() Repair() Upgradent <u>GO (ICCUIT AVENUE</u> , BOUTDE, MA Disposal System Construction Permit No. <u>(618</u> , dated <u>2.0</u> Provided: Construction shall be completed within three years of the	

Date 2.05.2018 Board of Health T.

Form 1255 Rev. 5/96 A.M. Sulkin Co. Charlestown, MA